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the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 115	
County of <u>Mila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 347	
City of _____	(No. _____ St; _____ Ward)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Lucia Arseniago</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>2</u>
Legitimate? <u>yes</u>	Date of Birth <u>June 12 - 1921</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Gomicanda Arseniago</u>	Full Maiden Name <u>Welfhina Dominguez</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>24</u> Years
Birthplace <u>Chihuahua, Mex.</u>	Birthplace <u>Isleta, Texas</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 12, 1921</u> , at <u>7:40 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>D. M. Crow M.D.</u>	
Given or Christian name added from a supplemental report _____ 191__		Address <u>Miami, Arizona</u>	
<u>316-612-449</u>		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed June 30 1921 B. W. Hardy  
 Filed July 3 1921 B. J. Gray  
 A True Copy  
 COUNTY REGISTRAR.